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Draft country programme document**

Bolivarian Republic of Venezuela

Summary

The draft country programme document for the Bolivarian Republic of Venezuela is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $10,000,000 from other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised document will be submitted to the Executive Board for approval at its second regular session in 2014.

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Basic data[*] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	5.3/5.0[a]
Under 5 mortality rate (U5MR) (per 1,000 live births)	15
Underweight (per cent, moderate and severe, 2007)	4
(per cent, male/female, urban/rural, poorest/richest)	..
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	92[b]
Use of improved drinking water sources (per cent, 2005)	93
Use of improved sanitation facilities (per cent, 2005)	91
One-year-olds immunized with DPT3 (per cent)	81
One-year-olds immunized against measles (per cent)	87
Primary school enrolment/attendance (per cent, net male/female, 2011)	94/95
Survival rate to last primary grade (per cent, male/female, 2011)	90/98
Adult HIV prevalence rate (per cent, male/female)	0.7/0.4
HIV prevalence among pregnant women (per cent)	..
Child labour (per cent, 5-14 year olds, male/female, 2000)	9/2
Birth registration (per cent, under 5 years of age, 2011)	81[c]
(per cent, male/female, urban/rural, poorest/richest)	..
Gross national income per capita (US$)	12,470

[*] More comprehensive country data on children and women can be found at www.childinfo.org.

[a] This figure corresponds to projections based on the 2001 population census. The national estimate according to the 2011 population census is 4.6/4.3.

[b] This is the adjusted mortality ratio estimate prepared by the Child [sic] Mortality Estimation Inter-Agency Group (MMEIG). The estimate at the country level is 72.2 deaths per 100,000 live births (2011), as presented in the Venezuelan government report, *Cumpliendo las Metas del Milenio* ("Meeting the Millennium Goals"), 2012, p. 69.

[c] This estimate is based on a definition of the indicator that differs from the standard definition. It refers to the percentage of births recorded each year, plus the percentage of children under five years who are registered. The figure at the national level is 76 per cent of births reported on time (during the first year of life).

Summary of the situation of children and women

1. Venezuela has a population of 28.9 million. Of this total, 9 million (32.7 per cent) are children (under 18 years of age). Some 2.8 per cent[1] of the population belongs to one of the 51 indigenous peoples, concentrated in 6 per cent of the country's 335 municipalities, while 3.5 per cent identify themselves as Afro-descendents, and are scattered across 80 per cent of the municipalities; 48 per cent of indigenous persons are under age 18, while the equivalent figure for Afro-descendents is 23 per cent. Nationwide, 2.5 per cent of children (221,000) have some form of disability. Venezuela has the third highest per capita income in the region[2] and the lowest rate of income inequality.[3] The country is essentially urban (88.8 per cent) and 68 per cent of the population occupies only 22 per cent of the national territory. However,

[1] INE, *La Población Indígena de Venezuela* ("The Indigenous Population of Venezuela"), 2011 Census. Electronic bulletin, October 2013, p. 5.

[2] World Bank, per capita GDP, 2012.

[3] Gini coefficient. *Source*: ECLAC, Social Panorama of Latin America, 2013, p. 91.

disparities persist, particularly between indigenous and Afro-descendent people, persons with disabilities, and people living in peri-urban and rural areas.

2. Venezuela has made significant progress towards achieving the Millennium Development Goals (MDGs), particularly in terms of reducing extreme poverty and hunger, universalizing education, empowering women and providing access to water and adequate sanitation. It has also played an important role internationally, fostering multilateral relations among countries and promoting regional associations, such as the Bolivarian Alliance for the Peoples of Our America (*Alianza Bolivariana para los Pueblos de Nuestra América, ALBA*) and the Community of Latin American and Caribbean States (CELAC). Nevertheless, there remain some challenges, particularly with respect to children and women.

3. Although the country achieved the extreme poverty reduction target in 2006, the 2011 census shows that there are still 7.4 million people living in poverty (of whom 3.3 million are children)[4] and 2.2 million in extreme poverty (50 per cent of whom are children). Among indigenous peoples, 80 per cent of children are poor (and 50 per cent are extremely poor), while the respective figures for Afro-descendents are 50 per cent and 20 per cent.

4. Venezuela has made significant progress in reducing infant mortality (in 2011 the rate stood at 14.8 deaths per 1,000 live births) and under-five mortality (2011: 15.3 per 1,000 live births). Of children who die before the age of 5, 96.3 per cent die before their first birthday, and 78 per cent of these deaths are preventable. Neonatal mortality is a challenge: the rate has remained virtually unchanged since 2002, and represents around 71 per cent of infant deaths (under 1 year). Despite progress in providing access to antiretroviral drugs for seropositive persons, mother-to-child transmission of HIV, at 25.5 per cent,[5] is still a serious concern. Of pregnant women who test seropositive, 33.5 per cent receive antiretroviral drugs, and 65.3 per cent of the children born to seropositive mothers are given a virological test within the first two months of life (2012).

5. The Government has set the following health priorities: (a) reduce maternal mortality (where the rate was 72.2 per 100,000 live births in 2011, despite the fact that 95 per cent of childbirths are institutionalized); and (b) prevent adolescent pregnancy, recognizing that Venezuela has one of the highest adolescent fertility rates (101 for every 1,000 women aged 15 to 19 years) in the region, and 23 per cent of births are to adolescent mothers, with higher rates among those living in extreme poverty (double those for the non-poor), in rural areas (50 per cent higher than in urban areas) and among Afro-descendent and indigenous women (34 per cent higher than for other ethnic groups).

6. The country has made progress with nutrition for children under five, and has reduced the wasting rate (weight-for-height deficit – 2002: 4.8 per cent; 2012: 2.73 per cent) as well as the stunting rate (height-to-age deficit – 2002: 12.9 per cent; 2009: 9.5 per cent) and the underweight rate (weight-to-age deficit – 2002: 3.7 per cent; 2009: 3.2 per cent).[6] The country's priorities are: (a) to reduce by 12 per cent

[4] 1.7 million males and 1.6 million females.

[5] Bolivarian Republic of Venezuela, *Informe Nacional de Avances en la Lucha contra el SIDA* ("National report on progress against AIDS") (GARPR, 2012). The figure is based on estimates for Venezuela by the UNAIDS Spectrum programme.

[6] *Instituto Nacional de Nutrición* (National Nutrition Institute). SISVAN 2009 and 2012.

the underweight population aged 7 to 14 years (2002: 15.5 per cent; 2007: 19.3 per cent) and (b) to increase the prevalence of exclusive breastfeeding to 70 per cent (despite progress, only 27.8 per cent of newborns under six months were being exclusively breastfed in 2008, and the children of urban working mothers were at the greatest disadvantage in this respect).

7. Although Venezuela has achieved significant progress towards making primary education universal (92.2 per cent in 2011), the sixth grade completion rate is not universal: many children are behind the normal grade level for their age (from age nine onwards); and there are problems of access and quality, particularly in initial and secondary education, where coverage rates are 70.5 per cent and 75.1 per cent respectively. In 2011, 1.3 million or 14.3 per cent of school age children (3-17 years) were not attending school. The greatest gaps were in initial education (34 per cent) and in secondary education (18 per cent), while the gap in primary education was only 4.7 per cent. These gaps are associated with gender (boys are less likely to attend school, and this trend persists at all education levels), with disabilities (26.4 per cent non-attendance), cultural diversity (30 per cent of indigenous children and 20 per cent of Afro-descendent children do not attend school), socioeconomic level (30 per cent of poor children do not attend school), and place of residence (school attendance is lower in rural and peri-urban areas).

8. Venezuela has a comprehensive legislative framework for the protection of children's rights. However, there are two areas of weakness: (a) the civil registry of births, and (b) the prevention and treatment of violence, exploitation and abuse committed against children. There has been significant progress in the last five years towards guaranteeing the universal right to identity, yet 25 per cent of children are not registered during the first year of life; at a particular disadvantage are indigenous children and those living in isolated areas, where up to 53 per cent of births may not be registered on time. The adolescent homicide rate is among the highest in the region (57.3 per 100,000 in 2010), and the majority of victims are male adolescents. The great majority of homicides (86 per cent) occur in 79 of the country's 335 municipalities (large, highly urbanized population centres). Girls are the principal victims of sexual violence, accounting for 84 per cent of recorded cases:[7] 39 per cent of victims are under 10 years of age, 34.8 per cent between 10 and 13 years, and 26.2 per cent between 14 and 17 years. Children under 10 years accounted for 48 per cent of child abuse cases in 2008. This is one of the areas in which there is still a considerable information gap, particularly on issues such as child abuse, child labour, juvenile justice, institutionalization, sexual trafficking and exploitation, and in terms of the levels of disaggregation, timeliness and accessibility of the information.

9. Venezuela is vulnerable to emergency situations provoked by natural disasters, in particular torrential rains and earthquakes. A significant portion of the poor population live in communities that are at high risk from earthquakes, floods and landslides. The Government has developed an emergency response capacity, and Venezuela has provided assistance to many other countries in cases of emergency. It has also incorporated risk management into the national basic education curriculum.

[7] Bolivarian Republic of Venezuela, *Ministerio del Poder Popular de Interior, Justicia y Paz; Cuerpo de Investigaciones Cientificas, Penales y Criminalisticas (CICPC)* (Ministry of the Interior, Justice and Peace, Scientific, Penal and Criminal Investigations Unit). Crime statistics, 2008.

10. Venezuela has been moving to consolidate a political and socioeconomic model that entails a process of wide-ranging structural change. The "social missions and grand missions" are programmes aimed at restoring people's rights, especially for the most vulnerable social groups, and they have promoted transformation of the process of formulating and implementing public policies in the country. Social investment, which represents more than 62.5 per cent of tax revenues and approximately 18 per cent of GDP, has been given priority since 1999 as a mechanism for income redistribution and social justice. The highest priority has been placed on the education, social security and health sectors. Between 2009 and 2014, the Venezuelan Government promulgated legislation concerning children and women in several spheres: youth, videos, war games, education, civil registry, citizen security, protection of the family and children, racial discrimination, sports and recreation, maternity and paternity, social responsibility, emergency shelters, and integrated risk management.

11. In 2012, Venezuela submitted three reports to the Committee on the Rights of the Child, and these will be discussed in 2014. Many of the 63 recommendations made by the Committee on the second country report (2007) remain valid. They include the following: (a) strengthen the protection system; (b) prevent and eradicate violence against children, in line with the recommendations of the Secretary-General's study on violence against children; (c) universalize birth registration; (d) apply international standards for juvenile justice; (e) encourage the establishment of mechanisms for the participation of children and adolescents; (f) prepare a plan of action for children; (g) make visible investments in children; (h) universalize education and health services; (i) strengthen information systems on children's rights; and (j) enhance civil society participation. The Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have both made recommendations concerning adolescent pregnancy and the minimum legal ages for marriage (14 years for females and 16 for males).

Key results and lessons learned from previous cooperation, 2009-2014

(a) Key results achieved

12. The cooperation programme helped provide national policymakers with data and analyses on key issues concerning children. Information is now in hand, in some cases disaggregated by sex, on violence against adolescents in the schools, maternal breastfeeding in public hospitals, human milk banks, learning outcomes in mathematics, reading and writing, demographic dynamics and reproductive health, and the behaviour of young people with respect to HIV. DevInfo has been used to disseminate national statistics (INEInfo and CensusInfo). The 2011 census included for the first time self-identification of the Afro-descendent population, and provides data disaggregated by ethnic origin. Education statistics, data from the civil registry of births and malaria surveillance statistics have improved the quality and timeliness of information, although challenges remain. At the local level, there is now for the first time a municipal index on children's rights, which includes a methodology for measuring participation.

13. With the help of UNICEF, the child protection system now includes programmes, standards and protocols for the prevention and treatment of violence in accordance with international standards. Protocols are available on minimum

standards for police work with child victims, witnesses and delinquents. The country applies a policy of inspection and surveillance over administrative and judicial protection institutions. It has established compulsory legal standards for all Child Protection Tribunals concerning the right to be heard and express views, administration of the means of support, the supervised family living regime and the preparation of interviews and technical reports and testimony by children in judicial proceedings. Judges decide family mediation cases in accordance with national legislation. Urban experiments with violence prevention based on adolescent development have been incorporated into social programmes in the three municipalities with high population densities, and have been replicated in four municipalities outside Caracas.

14. In the education system, UNICEF has supported the incorporation of contents based on human rights principles. Initial, primary and secondary education now have curriculum guidelines, educational materials and a teacher training plan on the following issues: human rights education, with an emphasis on interculturalism, gender equality and adolescent development; integrated risk management; the teaching of reading, writing and mathematics; and intercultural bilingual education. For the first time, 30 per cent of initial education centres not under contract to the State are applying the pedagogical component. The Catholic school system in five priority States is now providing instruction on human rights, and regulations governing the school social environment have been updated. Intercultural bilingual education is offered in the schools of six indigenous towns, including consolidation of the indigenous adolescent and youth network. Contents dealing with self-identification and recognition of Afro-descendent culture have been incorporated into the national reading plan and into the policy guidelines for intercultural education. Educational offerings have been expanded with postgraduate courses on key topics relating to childhood and adolescence: the rights of indigenous peoples, breastfeeding, intercultural bilingual education, juvenile violence, and human rights in the school setting.

15. In national policy, priority has been given to reducing neonatal mortality and encouraging breastfeeding, as well as promoting adolescent health, with an emphasis on the most excluded population, in the context of "A Promise Renewed". The protocols dealing with neonatal care and adolescent health were developed in cooperation with the Pan American Health Organization (PAHO), the United Nations Population Fund (UNFPA) and UNICEF. The country has a national team of specialists accredited as facilitators in providing essential care for the newborn, obstetrical emergencies, neonatal resuscitation, breastfeeding, and adolescent health. With respect to breastfeeding, the College of Paediatrics has updated its professional ethics code in accordance with national legislation and international standards: 30 per cent of paediatricians and all postgraduate coordinators in 10 priority States are now familiar with the standards; courses for mothers and professionals, accredited by the Government and UNICEF, are now permanently available, free of charge. In collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), with UNFPA and with PAHO, a National Strategic Plan for HIV Prevention 2012-2016 has been prepared, and gives priority to a childhood and adolescence agenda.

(b) Lessons learned

16. The midterm review and the Country Programme 2009-2014 review have offered important inputs for identifying lessons learned.

17. The priority accorded breastfeeding in health policy, as well as neonatal care and adolescent health protocols, showed that in order to have real impact on public policies there must be an ongoing analysis of risks, based on evidence and conducted with strategic partners from Government and society.

18. Experience acquired through violence prevention and adolescent development programmes in urban communities showed that, if local interventions are to be successful, there must first be a programmatic and political roadmap that incorporates systematization and evaluation with a view to expanding, replicating or adapting experiments. To have an impact on public policies with an equity focus targeted at indigenous peoples, Afro-descendents and the most excluded urban communities implies considering their priorities; contextualizing strategies; respecting their agendas and their pace and timing; and promoting dialogue and the real exchange of knowledge.

The country programme 2015-2019

(a) Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health and nutrition	850	2 000	2 850
Education	1 300	3 000	4 300
Protection	1 700	4 000	5 700
Cross-sectoral	420	1 000	1 420
Total	**4 270**	**10 000**	**14 270**

(b) Preparation process

19. The United Nations Development Assistance Framework (UNDAF) for 2015-2019 was prepared through collaboration between the Government (led by the Planning Ministry) and United Nations agencies, funds and programmes, and represented the first step in preparing the Country Programme Document (CPD).

20. This CPD was prepared on the basis of the priorities set forth in the National Plan (*Plan de la Patria*), the UNDAF, the UNICEF Strategic Plan 2014-2017 and the recommendations formulated by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. It was put to prior consultation with principle governmental bodies, selected sectors of civil society, and United Nations agencies, funds and programmes.

(c) Programme components, results and strategies

21. By 2019, UNICEF will have contributed to the implementation of public policies and the generation of evidence to guarantee social inclusion and equity in the exercise of children's rights to health, nutrition, education and a life free of violence. Consistent with the priorities established in the UNDAF, the programme will contribute to policies aimed at: (a) promoting and protecting breastfeeding and complementary foods, as well as prevention of the vertical transmission of HIV, neonatal mortality, and adolescent pregnancy; (b) reinforcing the quality and

cultural relevance of education; (c) addressing violence, including gender-based violence, and promoting good treatment and a culture of peace.

22. The programme includes three components: (a) health and nutrition; (b) education; and (c) protection. It will focus on the principal standards of human rights and gender equality in order to address vulnerabilities and reduce geographic, social, ethnic and gender disparities.

23. The strategies for the three components involve: (a) strengthening capacities of Government institutions and social organizations in the planning, execution and monitoring of policies and programmes for children and adolescents with a gender focus; (b) advocacy, policy dialogue, communication, knowledge management, and generation of evidence for placing children's rights in the forefront of policies and programmes at the national level and in prioritized municipalities where there is a high degree of social exclusion; (c) strategic partnerships with various levels of Government, social organizations, the business sector and children, as well as support for integration and intersectoral linkages between Government, society and United Nations agencies, funds and programmes in order to respond more effectively to violence against children, providing neonatal care, preventing the vertical transmission of HIV and adolescent pregnancy; (d) identifying, promoting and sharing effective innovations with an equity focus that will help to improve the quality of education concerning equity and the protection of children against violence, including gender violence, and disseminating them through a horizontal collaboration framework among countries.

(i) Health and nutrition

24. Pursuant to the UNDAF 2015-2019, by 2019 UNICEF will have helped provide access for pregnant women and the most excluded children to health and nutrition programmes and services of better quality and relevance, particularly in the areas of neonatal care, prevention of the vertical transmission of HIV, promotion and protection of exclusive breastfeeding and complementary foods, and prevention and care of teenage pregnancy.

25. UNICEF will support operation of health centres under the "child-friendly hospitals initiative" and will promote appropriate, safe and properly administered supplementary feeding. For application of the neonatal care protocols and standards for the prevention of vertical transmission of HIV and prevention and care of adolescent pregnancy, it will continue its joint work with PAHO, UNFPA and UNAIDS. A key aspect will be to generate evidence for influencing policies and programmes on priority topics.

(ii) Education

26. In accordance with the UNDAF 2015-2019, by the year 2019 UNICEF will have helped to ensure that the most excluded children attend and remain in the education system through the end of secondary school. UNICEF will help improve the quality of instruction and pedagogical contents with a focus on human rights, gender, adolescent development and interculturalism.

27. UNICEF will support development of a high quality, relevant and gender-sensitive curriculum as well as the implementation of intercultural bilingual education, and will help ensure that the education system has information for

monitoring educational quality, relevance and equity with data disaggregated by ethnic origin, place of residence, sex and age.

(iii) Protection

28. In accordance with the UNDAF 2015-2019, by the year 2019, UNICEF will have helped ensure that children and families in the priority municipalities of the country have access to enhanced programmes and services to care for the victims of violence, including gender-based violence; care for adolescents in conflict with the law; promotion of a culture of peace and good treatment; and timely recording of births among indigenous populations and in isolated communities. To this end, it will draw upon relevant and high quality monitoring systems and statistical information.

29. UNICEF will support the national child protection system and other institutions in implementing and monitoring intersectoral action plans to prevent and address violence, including gender-based violence, especially in the home, school and community settings, through timely and appropriate responses. It will also contribute to implementing a plan for a civil registry of births, intended to reduce the gaps in priority geographic areas. It will promote the generation of evidence with an equity focus as a key tool for policymakers in the area of child protection.

(iv) Cross-sectoral component

30. This component of the programme will support effective and efficient systems of governance and results-based management of the Office. The intersectoral component includes all activities in support of the country programme's overall management, as well as the monitoring of activities and the fielding of personnel tasked with intersectoral functions, administration and finance, communications and funding.

(d) Relationship to national priorities and the UNDAF

31. The country programme is aligned with the "*Plan de la Patria 2013-2019*", specifically with two objectives that contain the most important targets relating to children and having to do with comprehensive protection, gender equity, education, health, nutrition, social inclusion, community participation, institutional reform, knowledge management and monitoring. As well, the country programme responds to the UNDAF in five of the six areas of cooperation that have been agreed with the national Government and that are aligned with national priorities.

(e) Relationship to international priorities

32. The country programme is guided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It also takes into account recent reports submitted by the country to the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, and the recommendations from previous reports of those committees. Venezuela has signed the commitment to "A Promise Renewed". The programme fits within the UNICEF Strategic Plan 2014-2017 and responds to the country's commitment to speed up the achievement of the MDGs even after 2015, particularly for those goals that have not been reached. It will also contribute to the 2021 Education Targets.

Major Partnerships

33. UNICEF will maintain and reinforce its current partnerships with the national Government, universities, social organizations, scientific societies, the communications media, the private sector and children themselves. The Ministry of Planning is responsible for overall coordination of the country programme and for inter-ministerial coordination in monitoring the outcomes. The principal agencies with which the programme will cooperate are the Vice-Presidency for the Social Area and the line ministries (Health, Education, Penitentiary Services, Food, the Interior, Justice and Peace, Indigenous Peoples, Communes and Social Participation); the *Viceministerio para la Suprema Felicidad Social* ("Vice-Ministry for Supreme Social Happiness"), the National Statistics Institute, the Supreme Court of Justice, the Public Defender's Office, the National Institute for Children's Rights (IDENNA), the National Elections Board, selected state and municipal governments, and indigenous and youth organizations.

34. UNICEF will work closely on programming and planning with resident and non-resident agencies, funds and programmes. For the health and nutrition component, in particular, pursuant to the local letter of understanding with UNFPA and PAHO, it will continue coordination and joint programming with participation by UNAIDS.

35. As Venezuela is an upper-middle-income country, UNICEF will give priority to raising funds locally through individual donations and corporate partnerships.

Programme supervision, evaluation and management

36. During the first two years of the cooperation cycle, priority will be given to generating baselines and information systems for monitoring progress and identifying obstacles and bottlenecks that are impeding the achievement of better results for children, especially the most excluded. The programme will support strengthening of the National Statistics System, in particular its administrative records, in order to improve the disaggregation, timeliness and accessibility of information. The application of mechanisms for monitoring the outcomes expected under programme components will also be a priority. The mechanisms will include field visits and periodic partner reports. These actions will have priority in the integrated five-year plan and in the integrated annual plans for monitoring and evaluation. Efforts will be made to harmonize methodologies and indicators more closely with international standards. The collaboration of the National Statistics Institute will be essential. The programme will coordinate support that the Government deems appropriate in the area of emergencies, humanitarian aid and institutional strengthening for disaster risk reduction. The Office will coordinate efforts with national authorities and United Nations agencies, funds and programmes in the UNETE framework, in order to obtain prompt information that will shed light on the situation of children affected and will contribute to decision-making.

37. The Office will conduct semi-annual and annual reviews of the work plans and the management of the country programme and will coordinate reviews and programmatic evaluations with national partners that are helping to implement the programme, in close coordination with the Planning Ministry.

38. An analysis of the situation of children and women will be planned for 2017, in coordination with the partners, as key input for preparing the next country programme. Each year the Office will update the key indicators for monitoring the situation of children, as input for the Situation Analysis.